

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application

YOSHII *et al.*

Application 09/554,186

Filed: May 9, 2000

For: BIOCHIP AND METHOD FOR USING THE SAME

Attorney Docket No. HIRA.0081



Art Unit 1643

Examiner Betty J. Forman

**Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231**

COVER LETTER

Sir:

[] The fee for submission of additional claims is calculated as shown below:

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FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	25	23	3 (Over 20)	x \$18	36.00
Independent Claims	3	2	1 (Over 3)	x \$84	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$280	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
			TOTAL		36.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

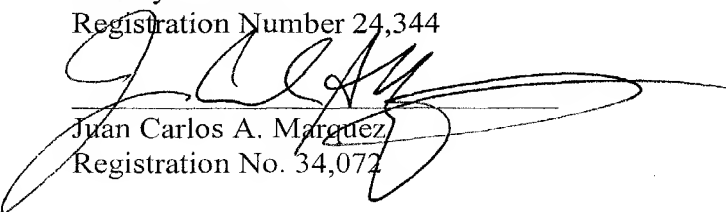
- ☒ [x] Response to Office Action
(with Claim Amendments)
- ☐ [] Information Disclosure Statement
- ☐ [] Preliminary Amendment
- ☐ [] Substitute Specification
- ☐ [] Other _____

- ☒ [x] Petition for Extension of Time (1 month)
- ☐ [] Terminal Disclaimer
- ☐ [] Letter to Draftsperson
- ☐ [] Assignment
- ☐ [] Petition under _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Checks in the amount of **\$110.00** to cover the one-month extension fee and **\$36.00** to cover the excess claim fee are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
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